Michigan State USBC
2026-2027
LOCAL ASSOCIATION OFFICERS REPORT

Please send this report within (10) days after your local association annual meeting or whenever there is a change. It is important for the state association to have current contact information.

Date Annual Meeting Held: _____ Officers' terms begin on: _____

Name of Association _____ Assn# _____

Office Phone: _____ FAX: _____

President: _____ Phone: _____

Address _____ City _____ Zip _____

Email: _____

1st Vice President: _____ Phone: _____

Address _____ City _____ Zip _____

Email: _____

2nd Vice President: _____ Phone: _____

Address _____ City _____ Zip _____

Email: _____

3rd Vice President: _____ Phone: _____

Address _____ City _____ Zip _____

Email: _____

Manager: _____ Phone: _____

Address _____ City _____ Zip _____

Email: _____

Association's Mailing Address (if different than Manager's address)

Address _____ City _____ Zip _____

Email: _____

Sargeant-At-Arms: _____ Phone: _____

Address _____ City _____ Zip _____

Email: _____

2024-2025 LOCAL ASSOCIATION ELECTED DIRECTORS

Board of Directors: Number of Officers _____ Number of Elected Directors _____

Name	Address	City	Zip	Phone

*Use additional sheet if more space is needed.

NAME AND ADDRESS OF BOWLING CENTERS THAT HAVE LEAGUES CERTIFIED THROUGH YOUR ASSOCIATION

Name	Address	City	Zip

*Use additional sheet if more space is needed.

LIST ALL SURROUNDING CITIES CERTIFIED THROUGH YOUR ASSOCIATION

City	City	City

*Use additional sheet if more space is needed.

Note: You may attach the WinLabs report for your association.

Additional Information (if needed):